



State of New York
Empire Zones Program

For Zone Use Only
ID #

APPLICATION FOR JOINT CERTIFICATION OF AN EMPIRE ZONE BUSINESS ENTERPRISE

Please refer to instructions and answer all questions carefully and completely. It is strongly recommended that you consult with the local zone administrator when completing this application. **Original** signatures are required on the SIGNATURE PAGE. Submission of an incomplete application or one with incorrect or fraudulent information will result in a delay of approval for, or a denial of, certification. Submit application directly to the local zone to obtain the necessary approval. Failure to follow this procedure will result in the delay of approving your application. If additional space is required to complete this application, please use the EZ-1 Supplemental Form.

SECTION A: DESCRIPTION OF APPLICANT BUSINESS AND
CONTACT INFORMATION

MUST BE COMPLETED IN INK!

1. Name of Organization (use legal name): _____
2. Nature of Business (check one): ☐ Retail ☐ Commercial/ Service ☐ Manufacturing ☐ Other _____
Type of good or service to be produced _____ NAICS: _____
3. Form of Organization (check one): ☐ Corporation ☐ Partnership ☐ S. Corporation ☐ LLC ☐ Non-Profit ☐ Proprietorship
4. Date of Formation or Incorporation (mm/dd/yyyy): ____ / ____ / ____
5. Is this business (check all that apply) ☐ Women-Owned ☐ Minority-Owned ☐ Existing Business ☐ New Business (*see instructions for definition*)
6. Period of which business taxable year is based ☐ Calendar year ☐ Fiscal year If Fiscal Year, indicate period _____
7. Primary Contact and Address* For Organization (*provide address where official correspondence regarding participation in the zones program should be directed*)
Name of Contact: _____
Street/P.O. Box: _____ City: _____ State: _____ Zip: _____
8. Designated contact for applicant business** (*see below*): _____
Name of Company: _____
Street: _____ City: _____ State: _____ Zip: _____
Phone: (_____) _____ - _____ Fax: (_____) _____ - _____ E-mail: _____

*A certified business must submit a Business Annual Report in order to maintain its certification. This report (and other official correspondence) should be directed to the address of the representative that will be responsible for ensuring compliance with program administrative requirements.

The designated contact is the person with whom the local zone coordinator, and officials from the Departments of Economic Development and Labor, will communicate regarding all questions and matters relating to the application for certification. If the designated contact of the applicant is a consultant, accountant, or other third party representative of the applicant, then the responsible officer of the applicant must provide a letter authorizing the representative to release information necessary for completion of the application to ESD and NYSDOL. A completed power of attorney form may be attached in lieu of a letter. **A completed power of attorney must be submitted if the third party representative is signing the application on behalf of the applicant.

SECTION B: BUSINESS IDENTIFICATION NUMBERS

9. Federal Employer Identification Number (FEIN)/Taxpayer Identification Number: _____
10. NYS Unemployment Insurance (UI) Registration Number: _____
11. Workers' Compensation Policy Number: _____
If no policy number, is the applicant self-insured? ☐ Yes ☐ No Insured by NYSIF: ☐ Yes ☐ No
Name of Carrier: _____
12. Disability Insurance Policy Number: _____
If no policy number, is the applicant self-insured? ☐ Yes ☐ No Insured by NYSIF : ☐ Yes ☐ No
Name of Carrier: _____
13. Is the applicant using an identification number of a professional employment organization (PEO) or common paymaster for unemployment? ☐ Yes ☐ No If Yes, complete and attach EZ-3.
14. Will any of the retained jobs or new jobs created be for leased employees? ☐ Yes ☐ No If Yes, complete and attach EZ-3.
15. Is there a predecessor company? (*see instructions*) ☐ Yes ☐ No If Yes, please provide,
Name of Company: _____ FEIN: _____

SECTION C: CERTIFICATION HISTORY

16. Has this business previously applied for certification and been denied on any grounds? ☐ Yes ☐ No

17. Has this business previously received certification that has been revoked? ☐ Yes ☐ No

If yes, what was the basis for the revocation? _____

If yes, how has the situation been resolved? _____

SECTION D: NYS EMPLOYMENT AND ASSET INFORMATION

18. Average number of employees in all NYS locations for each of the four years PRECEDING the year of certification, the year of certification and the current year: (Use the table provided in the Instructions to calculate average employment.)

Year	Average Number of Jobs
Year 4 Prior	
Year 3 Prior	
Year 2 Prior	
Year 1 Prior	
Year of Certification	
Current Year	

19. Projected value of real and tangible personal property in all NYS locations as of December 31st for the current year: _____

20. Annual wages and benefits in all NYS locations as of December 31st for the current year: _____

SECTION E: EMPIRE ZONE LOCATION INFORMATION

21. Percentage of average annual total sales for this zone facility that are within: _____% Municipality _____% County _____% NYS _____% Outside NYS

22. Average number of employees in all Empire Zone locations for each of the four years PRECEDING the year of certification, the year of certification and the current year:

Year	Average Number of Jobs
Year 4 Prior	
Year 3 Prior	
Year 2 Prior	
Year 1 Prior	
Year of Certification	
Current Year	

23. Total number of FTE employees IN THIS ZONE ONLY as of the date the applicant signs the application: _____

24. Projected value of real and tangible personal property in all Empire Zone locations as of December 31st of the current year: _____

25. Annual wages and benefits in all Empire Zone locations as of December 31st for the current year: _____

SECTION F: PROJECTED CUMULATIVE INVESTMENTS OVER THE NEXT FIVE YEARS IN THIS ZONE ONLY

26. Projected cumulative investments in real and tangible personal property in this Empire Zone over the next five years starting with the current year:

Type of Investment	Current Year	Year 2	Year 3	Year 4	Year 5	TOTAL
Land						
Building Acquisition						
Building Renovation						
New Construction						
Production Machinery & Equipment						
Furniture, Fixture, Equipment						
Other (please explain below)						

Explanation for Other type of investment:

SECTION G: PROJECTED EMPLOYMENT AND ASSET INFORMATION IN THIS ZONE ONLY

Questions 27 through 30 pertain to new FTE employment at this Zone only

Year	27. Total No. of new employees	28. No. of new employees indicated in question 27 – annual wages and benefits are \$40,000 or less	29. Total annual wages and benefits for new employees indicated in question 28 (i.e. \$40,000/yr or less)	30. Total annual wages & benefits for all (existing and new) employees in this zone per year
Current Year				
Year 1				
Year 2				
Year 3				
Year 4				

31. Date to begin hiring for new positions indicated in question 27 (*NOTE: can not precede the date the applicant signs this application*): / /

32. Will the applicant be moving operations and/or employees from another location in NYS that is not currently within the boundaries of an Empire Zone?
If yes, a shift resolution must be attached. See instructions. ☐ Yes ☐ No

33. If the applicant does not intend to create new positions, does the applicant intend to prevent a loss of jobs in the zone? ☐ Yes ☐ No

34. Projected percentage of targeted workers to be hired: %

35. The applicant's projected average typical year NYS tax liability before tax credits for this zone location over the next five year period: \$

36. Does the applicant own the property(ies) or have a lease specifying that the applicant will pay the property taxes to the taxing jurisdiction(s) for this zone location? ☐ Yes ☐ No

37. If yes, approximate average year real property taxes that the applicant will pay on the property(ies) for this zone location: \$

38. Cost or other basis of any real property(ies) owned by the applicant on the property(ies) for this zone location: \$

39. Purchase price, (i.e. acquisition cost), of the real property(ies) indicated in question 38: \$

40. Percentage of the applicant's occupancy of the property(ies) indicated in question 38: %

41. Percentage of the cost or other basis of any real property(ies) indicated in question 38 that can be attributed to new construction, expansion, or rehabilitation: %

42. Projected annual purchases that are subject to State and local sales tax for this zone location (include services such as utilities): \$

SECTION H: Acknowledgments And Agreements By Authorized Representative of the Applicant Organization

As the responsible officer, (print or type name) _____ I hereby:

1. Acknowledge the company's obligation to provide 90-day written notice to the Commissioner of Economic Development, the local Empire Zone certification officer, the local Empire Zone administrative board, the local Zone Capital Corporation, and the employees of the business enterprise of any intent to close or partially close a facility within the Zone. For the purposes of this agreement, "closing" means the permanent termination of the business facility's operation, and "partial closing" means the permanent termination of a portion of the business facility's operations that will immediately reduce the workforce by 50 employees or 50 percent over a one-year period, whichever is greater;
2. **Agree to list for the purposes of recruitment all openings (exclusive of general executive offices) for jobs and training programs in the zone facility with the local job services office of the New York State Department of Labor**, or demonstrate to the satisfaction of the Commissioner of Economic Development and the Commissioner of Labor what other comparable methods will be used to recruit targeted individuals for such openings;
3. Agree to submit an annual report to the local Empire Zone Administrator on a form to be prescribed by the Commissioner of Economic Development, including but not limited to, data on the extent to which the certified facility has met the projections set forth in this application and, if applicable, the reason it has not;
4. Authorize the Commissioner of Labor to disclose, to employees of both the New York State Departments of Labor and Economic Development, as well as the local Empire Zone Certification Officer, all records filed by the company in making Unemployment Insurance (U.I.) reports and contributions required by State Labor and Tax Law, including, but not limited to, all information contained in or relating to the quarterly combined withholding, wage reporting and U.I. returns, the registration for U.I., the New Hire file, and all records of U.I. delinquencies. In addition, this authorization shall include all information contained in any survey reports requested by the Department of Labor on behalf of the U.S. Department of Labor, Bureau of Labor Statistics including, but not limited to, the Current Employment, Occupational Employment, multiple worksite, and annual refiling surveys. The use of information and records released pursuant to this authorization shall be limited to government purposes concerning the certification of this company for Empire Zone benefits and incentives under General Municipal law Article 18B, monitoring compliance with Empire Zone program criteria, and reviewing the performance of Empire Zone programs; and
5. Certifies that this business enterprise, or its agent, has disclosed all violations during the three years preceding the submission of this application for certification, involving violations of the laws regulating unemployment insurance, workers' compensation, public work, child labor, employment of minorities and women, safety and health, labor standards, or other laws for the protection of workers or Environmental Conservation, and acknowledges that a failure to disclose this information or a failure to respond to the requests to completion, or updating, of the information requested herein, may result in a denial of certification.

Signature: _____ Title: _____ Date: __/__/____

State of New York)
) ss:
 County of _____)

On the _____ day of _____ (month) 20____ (year), before me personally appeared (name) _____ to me known, who being by me duly sworn, did depose and say that he/she resides at (address) _____ that he/she is the (title) _____ of (business entity) _____, the business entity described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by the authority granted by such business entity.

 Notary Signature

NOTARY PUBLIC (Please sign above and affix stamp here)